

Yale University

Department of Epidemiology
and Public Health
School of Medicine



Mark Schlesinger
Professor of Health Policy
60 College Street • P.O. Box 208034
New Haven, Connecticut 06520-8034
(203) 785-4619 • Fax: (203) 785-6287
mark.schlesinger@yale.edu

February 9, 2009

To the Regulation & Protection Subcommittee of Appropriations:

I am writing in response to the proposal by Governor Rell to discontinue funding for the Office of the Healthcare Advocate (OHA). I have followed the work of this office for the past several years, as part of my ongoing research on consumer decision-making and experiences in health care settings. That research makes clear the importance of an organized infrastructure to help protect the interests of patients and to provide a collective voice for their aggregated experiences. The agencies established by state governments represent one important and effective way to provide this support and representation. In my assessment the OHA in Connecticut represents one of the best functioning of these agencies. It would be a terrible mistake for the state to shut down this capacity, precisely at a time when the health care system is experiencing some severe financial stresses that will hinder patients' ability to successfully navigate their way through the health care system.

Our research suggests that each year, some 60-70,000 residents of Connecticut experience some serious misunderstanding or problem with their medical care or health care finance, which impact in substantial ways their health and/or their pocketbooks. If health care reform proceeds ahead, either at the national or state levels, there will inevitably be additional confusion regarding health benefits and disruption of established relationships between patients and providers. That will only *add* to the frequency of these problematic experiences.

It is unconscionable for the state of Connecticut to leave its citizens without recourse when they are unable to obtain the medical care that they need, to understand the provisions of their health insurance coverage, or to sensibly choose among insurance options or alternative providers. Whatever one's political leanings, we can all agree that patients need to be better-informed regarding their health care choices. And the evidence is clear: not everyone can do it on their own. And too many people lack the sort of informal support from family, friends, employee benefit offices or helpful clinicians to help rectify the problems that they experience. There needs to be a place of last resort to which aggrieved patients can turn for succor – the OHA has been that for the residents of this state. It's capacity to do so needs to be *expanded*, not eliminated due to short-term budgetary pressures.

Ultimately, every state – every society – is judged according to its capacity to assist its residents in the greatest need. When people are in frail health, when they suffer from multiple chronic conditions or other debilitating circumstances, these are the times that this state capacity is most vital. The Office of the Healthcare Advocate is only one embodiment of that commitment – but it is a vital one, a lynchpin of the safety net that exists for those facing serious illnesses. Thousands of lives are affected each year by its actions; tens of thousands of problems will persist and trouble the residents of this state, if it is no longer there to assist them.

Should there be any additional information that you require, please do not hesitate to contact me. I appreciate your time and effort in this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'MS', with a long horizontal line extending to the right.

Mark Schlesinger, Ph.D.
Professor of Health Policy